

302136

8-12-21

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## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a class c charter  
certificate from Yan Carlos Rojas  
R & B Transportation of Charleston  
LLC.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER:

2021-261-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Yan Carlos Rojas

Telephone: 843-557-4658

Address: 5148 Ballantine DR  
Summerville SC 29485

Fax:  
Other: 843-530-8707

Email: R &amp; B Transportation of Charleston@

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

gmail.com.

## NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☒ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement

- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
AUG 12 2021  
PSC SC  
MAIL / DMS

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: 04/26/2021

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. R & B Transportation of Charleston LLC.  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
5148 Ballantine DR Summerville SC 29485  
Street Address of Applicant  
Same.  
Mailing Address of Applicant (if different from street address)  
843-557-4658  
Phone Fax  
RbTransportationofCharleston@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and addresses of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submit the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<b>Assets:</b>		<b>Liabilities:</b>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="56,097"/>	Loans Owed on Motor Vehicles	<input type="text" value="56,097"/>
Cash on Hand	<input type="text" value="0"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="100"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text"/>	<b>Total Liabilities</b>	<input type="text" value="56,097"/>
<b>Total Assets</b>	<input type="text" value="56,197"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

## Proposed Rates and Charges:

Airport chs / Downtown. 65<sup>=</sup>\$  
 Downtown / Airport chs. 65<sup>=</sup>\$  
 Isle of Palm / Airport chs 90<sup>=</sup>\$  
 Airport chs / Isle of Palm. 90<sup>=</sup>\$  
 Airport chs / Kiawah. island. 150<sup>=</sup>\$  
 Kiawah Island / Airport chs 150<sup>=</sup>\$  
 Airport chs / Summerville. 75<sup>=</sup>\$

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

### DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
Honda	2015 / ODYSSEY	5FNRL5H65FB119984	4,500 LBS
Honda	2020 / ODYSSEY	5FNRL6H72LB020887	4,550 LBS

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE

The following insurance quote is for:

Yan Carlos Rojas / R & B Transportation of Charleston LLC.  
Name of Applicant

5148 Ballantine DR Summerville SC 29485  
Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 11,419<sup>==</sup>

Limits 1,000,000\$

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

\* Passengers = Number of seatbelts in the vehicle,  
including the driver's seatbelt

8-15 Passengers\* \$ 25,000/100,000/25,000

State National Insurance Company, Inc.  
Name of Insurance Company

1900 L. Don Dodson Drive Bedford, TX 76021  
Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

Exhibit Fit, Willing, and Able (FWA)Yan Carlos Rojas Uzcategui

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Yan Rojas.

Applicant's Signature

OWNER.

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Darchester )

SWORN TO BEFORE ME  
This 10 day of August, 2021

Emily F. Pita  
Notary Public

Commission Expires \_\_\_\_\_



# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

R & B Transportation of Charleston LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 6th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of March, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 210308-1117519

Filing Date: 03/06/2021

Mar 08 2021

REFERENCE ID: 725175

  
SECRETARY OF STATE OF SOUTH CAROLINA

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

R & B Transportation of Charleston LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "LC", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
5148 Ballantine Dr

(Street Address)

Summerville, South Carolina 29485

(City, State, Zip Code)

3. The initial agent for service of process is

Yan Carlos Rojas Uzategui

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
5148 Ballantine Dr

(Street Address)

Summerville

(City)

South Carolina 29485

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Yan Carlos Rojas Uzategui

(Name)

5148 Ballantine Dr

(Street Address)

Summerville, South Carolina 29485

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 08 2021

REFERENCE ID: 725175

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

R & B Transportation of Charleston LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time 03/06/2021

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Mar 08 2021  
REFERENCE ID: 725175

  
\_\_\_\_\_  
SECRETARY OF STATE OF NORTH CAROLINA

R & B Transportation of Charleston LLC

Name of Limited Liability Company

9 Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Yan Carlos Rojas Uzcategui  
\_\_\_\_\_  
Signature of Organizer

Date: 03/06/2021

\_\_\_\_\_  
Signature of Organizer

Date: \_\_\_\_\_

# Next

## Quote Proposal

Helping entrepreneurs thrive with small business insurance that is:



### Simple

We offer quotes to coverage in less than 10 minutes, 100% online



### Tailored

Proprietary technology that expertly designs policies



### Affordable

We give quality, comprehensive coverage artisan contractors need

## Who is Next Insurance?

Next Insurance is passionate about making the lives of small business owners easier. We all strive to make the product and experience better for you, our customers. When you start a business, you're placing a huge bet on yourself. A bet on your ideas. On your passion. Your blood, your sweat and tears. We created Next Insurance to give your business the edge it deserves. Simple, affordable and transparent insurance plans tailored to your specific industry. You want the confidence of great coverage exactly where you need it. Your business is on a very unique mission. Finally, there's an insurance partner that understands that.

## How does Next Insurance help agents?

### Unlimited COIs

Your new job tomorrow morning requires a Certificate of Insurance? No problem! Go online to our customer portal, and add an Additional Insured online. You can then download as many Certificates of Insurance as needed—for free, 24/7.

### No finance fees

No fees for cancellations, late payment or certificates of insurance. Your monthly or annual payment is the only payment.

### Online customer account

We're here if you need to file a claim, update your information, or ask a question. And we know you're busy, so we've made sure to have as many options online as possible.

## Our investors are the biggest names in the industry



1 OAK INSURANCE AGENCY LLC  
Joao Costa-goulart  
JG@1OAKINSURANCE.COM  
203-490-5783

**Quote**

Hi YAN,  
Below are the following quotes

Next Insurance created on August 11, 2021:

Name	Email Address
YAN ROJAS UZCATEGUI	YAN.C.ROJAS@GMAIL.COM
Business Name	COB
R&B TRANSPORTATION OF CHARLESTON LLC	

PLANS	BASIC	PRO	PRO PLUS
Total Yearly Price	\$3,877.00	\$7,712.00	\$11,419.00
Total Monthly Price	\$323.09	\$642.67	\$951.59
*First and last month due at purchase	\$646.10	\$1,285.30	\$1,903.10

Pricing and coverages prior to purchase will automatically update to reflect Next's most current underwriting guidelines.

**Coverages included in this package**

- Commercial Auto

See next page to view limit details for each coverage

**The Next Insurance Advantage**

Next Insurance is a diverse and strong team of engineers, designers, insurance advisors, and product managers who are passionate about making the lives of small business owners easier. We all strive to make our products simple, tailored, and affordable:

- Get 24/7 policyholder online portal access
- Add unlimited additional insureds for free
- Send certificates of insurance instantly to anyone
- Option to pay monthly at no extra cost
- Get a policy tailored around your needs
- Cancel anytime with no further charges

See next page to view limit details for each coverage

**Next**

CONTINUE TO NEXT PAGE

**Commercial Auto Coverage Premium**

	<b>BASIC</b>	<b>PRO</b>	<b>PRO PLUS</b>
Yearly Price	\$3,877.00	\$7,712.00	\$11,419.00
Monthly Price	\$323.09	\$642.67	\$951.59
*First and last month due at purchase	\$646.10	\$1,285.30	\$1,903.10

**Coverage details for vehicle: HONDA, ODYSSEY**

	<b>BASIC</b>	<b>PRO</b>	<b>PRO PLUS</b>
<b>LIABILITY - BODILY INJURY &amp; PROPERTY DAMAGE</b>			
Per Incident	\$75,000.00	\$100,000.00	\$1,000,000.00
<b>COMPREHENSIVE &amp; COLLISION</b>			
Per Incident	\$0.00	Actual Cash Value	Actual Cash Value
Deductible		\$1,000.00	\$500.00
Rental Reimbursement Per Day		\$100.00	\$100.00
<b>PERSONAL INJURY PROTECTION</b>			
Per Incident			
Deductible			
<b>MEDICAL PAYMENTS</b>			
Per Incident	\$5,000.00	\$5,000.00	\$5,000.00
<b>UNINSURED &amp; UNDERINSURED MOTORIST</b>			
Uninsured Motorist - Bodily Injury	\$75,000.00	\$100,000.00	\$1,000,000.00
Uninsured Motorist - Property Damage	\$75,000.00	\$100,000.00	\$1,000,000.00
Underinsured Motorist - Bodily Injury	\$75,000.00	\$100,000.00	\$1,000,000.00
Underinsured Motorist - Property Damage	\$75,000.00	\$100,000.00	\$1,000,000.00
<b>TOWING AND LABOR</b>			
Per Incident	\$200.00	\$200.00	\$200.00
<b>LOCKSMITH COVERAGE</b>			
Per Incident			\$250.00

**Hired & Non-Owned Auto**

	<b>BASIC</b>	<b>PRO</b>	<b>PRO PLUS</b>
Per Incident			
Deductible			



## Coverage details for vehicle: HONDA, ODYSSEY

## BASIC

## PRO

## PRO PLUS

LIABILITY - BODILY INJURY & PROPERTY DAMAGE			
Per Incident	\$75,000.00	\$100,000.00	\$1,000,000.00
COMPREHENSIVE & COLLISION			
Per Incident	\$0.00	Actual Cash Value	Actual Cash Value
Deductible		\$1,000.00	\$500.00
Rental Reimbursement Per Day		\$100.00	\$100.00
PERSONAL INJURY PROTECTION			
Per Incident			
Deductible			
MEDICAL PAYMENTS			
Per Incident	\$5,000.00	\$5,000.00	\$5,000.00
UNINSURED & UNDERINSURED MOTORIST			
Uninsured Motorist - Bodily Injury	\$75,000.00	\$100,000.00	\$1,000,000.00
Uninsured Motorist - Property Damage	\$75,000.00	\$100,000.00	\$1,000,000.00
Underinsured Motorist - Bodily Injury	\$75,000.00	\$100,000.00	\$1,000,000.00
Underinsured Motorist - Property Damage	\$75,000.00	\$100,000.00	\$1,000,000.00
TOWING AND LABOR			
Per Incident	\$200.00	\$200.00	\$200.00
LOCKSMITH COVERAGE			
Per Incident			\$250.00

## SCHEDULE OF POLICY FORMS AND ENDORSEMENTS

<u>Title</u>	<u>Form Number and Edition Date</u>
Cover Page	NXT-0003 IL 0218
Business Auto Declarations - Additional Pages	NXT-0044 v2
Signature Page	NXT-0001 TL 1017
Common Policy Declarations	NXT-0043 BM CA 0518
Calculation Of Premium	IL 00 03 09 08
Common Policy Conditions	IL 00 17 11 98
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 09 08
South Carolina Offer Of Additional Uninsured Motorists Coverage	IL U 007 12 16
And Optional Underinsured Motorists Coverage	
Privacy Notice	NXT-0002 IL 0218
Business Auto Declarations	NXT-0044 BM CA 0418
Business Auto Coverage Form	CA 00 01 10 13
Fellow Employee Coverage	CA 20 55 10 13
Auto Loan/Lease Gap Coverage	CA 20 71 10 13
Public Or Livery Passenger Conveyance Exclusion	CA 23 44 11 16
Exclusion Of Terrorism	CA 23 84 10 13
Silica Or Silica-Related Dust Exclusion For Covered Autos	CA 23 94 10 13
Exposure	
Rental Reimbursement Coverage	CA 99 23 10 13
Blanket Additional Insured Coverage - Certificate of Insurance	NXT-0004 BM CA 0418
Holders	
Abuse or Molestation Exclusion	NXT-0012 BM CA 0418
Locksmith Coverage	NXT-0019 BM CA 0418
Approved Drivers List Form	NXT-0024 BM CA 0418
Personal Effects Coverage	NXT-0033 BM CA 0418
Driving While Intoxicated Exclusion	NXT-0039 BM CA 0418
Basic Custom Parts and Equipment Coverage	NXT-0042 BM CA 0418
Towing and Labor Extension	NXT-0046 BM CA 0418
OFAC Notice	SNC-IL-0719-OFAC-N
Trade or Economic Sanctions	SNC-IL-0719-TOES-E
South Carolina Changes	CA 01 50 05 17
South Carolina Changes - Cancellation and Nonrenewal	CA 02 30 10 13
South Carolina Uninsured Motorists Coverage	CA 21 19 12 13
South Carolina Underinsured Motorists Coverage	CA 21 88 12 13
South Carolina Auto Medical Payments Coverage	CA 99 58 04 14